2006 LIMITED PARTNERSHIP ANNUAL REPORT

Feb 28, 2006 08:00 AM Secretary of State Due By May 1, 2006 **DOCUMENT #A00000001959** THE CJB FAMILY LIMITED PARTNERSHIP Principal Place of Business Mailing Address 201 SE 24TH AVE 201 SE 24TH AVE POMPANO BEACH, FL 3306Z POMPANO BEACH, FL 33062 01102006 No Cha-LP CR2E003 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 36-4401116 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent WITTE, LARRY F ESQ DO NOT WRITE 201 SE 24TH AVE POMPANO BEACH, FL 33062 IN THIS SPACE 3. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registe ad agent and title if expecable DATE FILE NOWI!! FEE IS \$500.00 After May 1, 2006, Fee will be \$900.00 A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Fartners MAY NOT be changed on the form; an amendment must be filed to change a general partner. 12. GENERAL PARTNER INFORMATION P97000046542 OAPP CORPORATION NAME STREET ADDRESS 5007 LINCOLN AVENUE, #107 CITY-ST-74P LISLE, IL 60532 DOCUMENT # H00000451003 03/10/06-88032-801 500.00 NAME STREET ADDRESS CHY-ST-ZIP OCCUMENT # DO NOT WRITE STREET ADDRESS C554 - \$1 - 21F IN THIS SPACE DOCUMENT / NAME STREET ADDRESS City-St-Zip DOCUMENT # NAME STREET ADDRESS

14. I hereby certify that the information supplied with this liling does not quality for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE: .

City-St-ZiP DOCUMENT # NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

6308295429

Dayime Phone #

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